

[To be used only for conservatorships and guardianships of minors' estates.]

TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.
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IN THE MATTER OF [Name, address where residing, and zip code of ward or minor.]

Hereinafter referred to as the estate. FIDUCIARY [Name, address, zip code, and telephone number]	POSITION OF TRUST
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THE FIDUCIARY HEREBY EXHIBITS this account to said Court for allowance and makes oath that the same is a true and complete account of all receipts and disbursements made in said capacity. This account covers the time period from _____ and is being filed for the following type of estate _____ (i.e. conservator)

- for the following reason:
- ☐ Periodic account. C.G.S. §45a-177

☐ For filing only.☐ A hearing is requested.
- ☐ Final account. C.G.S. §45a-179
- ☐ The fiduciary represents that there are no debts outstanding against said estate except as herein stated and, accordingly, application is hereby made for an order of distribution or an order of transfer of the remaining assets of said estate.

[Use Second Sheet, PC-180, for any supporting schedule.]
ASSETS AND INCOME RECEIVED BY FIDUCIARY

To amount of inventory/estate on hand as of last account
To amount of income received
 Dividends
 Social Security payments
 Pension payments
 Interest, Account No. _____ in _____
 [Other] _____

\$
Total \$

PAYMENTS AND DISTRIBUTIONS BY FIDUCIARY

By payments made to or for the benefit of _____
 as per Schedule _____

By administration expenses
 Probate court costs
 Fiduciary's fee [Show disbursements separately.]
 Attorney's fees [Show disbursements separately.]
 [Other] _____

Amount on hand/estate on hand for distribution
 Real property
 Personal property

\$
Total \$

[If final account, attach schedule of proposed distribution or transfer.]

The representations contained herein are made under the penalties of false statement.

FIDUCIARY'S SIGNATURE	DATE
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